Typed or printed name

Signature

Cynthia Losurdo

12-09-06

PTO/SB/21 (09-04)

February 7, 2006

Date

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE poer the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/708,481 **Application Number** TRANSMITTAL March 5, 2004 Filing Date **FORM** First Named Inventor Matthew T. Starr (to be used for all correspondence after initial filing) **Art Unit** 2652 **Examiner Name** Jefferson A. Evans Total Number of Pages in This Submission **Attorney Docket Number** 240 1046_035 ENCLOSURES (check all that apply) After Allowance Communication to □ Drawing(s) Fee Transmittal Form Technology Center (TC) Appeal Communication to Board of Licensing-related Papers |X Fee Attached Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) **Change of Correspondence Address** Other Enclosure(s) **Terminal Disclaimer** Extension of Time Request (please identify below): Request for Refund Return Mailroom Postcard; and Certificate Express Abandonment Request of Express Mailing. CD, Number of CD(s) **Information Disclosure Statement** ■ Landscape Table on CD The Commissioner is authorized to charge any additional fees Certified Copy of Priority Remarks to Deposit Account No. 50-0289. Document(s) Reply to Missing Parts/Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Wall Marjanya & Bilinski LIZP Firm or Indranii Mukerji Reg. No. 46,944 Individual name Signature February 7, 2006 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service using the Express Mail Post Office To Addressee service per 37 CFR 1.10 under Express Mail No. EV678064861US addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 7, 2006.

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Promi		Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number 1		10/708,481	0/708,481		
10 7 7006 FEE TRANSMITTAL				Filing Date March 5, 2004					
				First Named Inventor Matthew T. Start			<u>r</u>		
For FY 2005				Examiner Name Jefferson A. Evan			ns		
pplicant claims small entity status. See 37 CFR 1.27			A	Art Unit 2652					
TOTAL AMOUNT OF PAY	MENT	\$60.00	A	Attorney Docket N	lo.	1046_035			
Express Mail Label No. EV678064861US									
METHOD OF PAYMENT (check all that apply)									
Check Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing								ng fee	
Charge any additional fee(s) or underpayments Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17									
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
TI BRISTO TIERVO, SERVICO		IG FEES	y 	ARCH FEES	EXAM	INATION FEES	ION FEES		
		Small Entity		Small Entity		Small Entity	7		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>		<u>Fee (\$)</u>	<u>Fee (\$)</u>		s Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small	
For Description							Fee (\$)	Entity Fee (\$)	
Fee Description Feeb plains aven 20 (including Baiggues)							50	25	
Each claim over 20 (including Reissues)							200	100	
Each independent claim over 3 (including Reissues) Multiple dependent claims							360	180	
Total Claims	 	Extra Claims	Τ –	Fee (\$)		Fee Paid (\$)	Multiple D		
1 Other Chairies							Claims		
	- 20 or HP =		х		=======================================		Fee (\$)	Fee Paid (\$)	
		<u> </u>	<u></u>						
HP= highest paid number of tot	al claims paid for		20	F = (5)	<u>. </u>	Fee Paid (\$)	<u> </u>		
Indep. Claims	- 3 or HP =	Extra Claims	x	Fee (\$)	=	ree raid (3)			
HP =highest number of indepen	·	d for, if greater tha	<u>. </u>				<u> </u>		
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the									
application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							_	Fee Paid (\$)	
-100 =								Fees Paid	
4. OTHER FEES								(\$)	
Non-English Specification, \$130 fee (no small exitity discount)									
Other (e.g., late filing surcharge): Petition For Extension of Time Under 37 CFR 1.136(a) - fee code 1251/2251 \$60.00									
SUBMITTED BY / / / / / /									
Signature Registration No. 46,944 Telephor (Attorney/Agent)							Telephone	315-425-9000	
Name (Print/Type) /Indr									